



Office of Lieutenant Governor
Eric Holcomb

ACCESS TO PUBLIC RECORDS REQUEST

Return to:

Access to Public Records Coordinator
Office of Lieutenant Governor
Statehouse, Room 333
Indianapolis, IN 46204
Fax: (317) 232-4788

NAME OF REQUESTING PARTY: _____

COMPANY (if applicable): _____

ADDRESS: _____

PHONE NUMBER: (____) _____

EMAIL: _____

DATE: _____ TIME (if requesting in person): _____

IDENTIFY WITH REASONABLE PARTICULARITY THE RECORDS REQUESTED:

REASON FOR REQUEST (**OPTIONAL- FOR CLARIFICATION PURPOSES**):

NOTE: If the request exceeds 40 copied pages, \$0.10 will be charged per page payable by check or cash. Electronic records may be available at no charge. Please include your email address if you wish to receive electronic records.

Inter-Office Use Only

Date Request Received: _____
Employee Handling Request: _____
Amount Charged (if applicable): _____
Payment Collected and Processed: _____

Date Request Denied (if applicable): _____
Reason Request Denied (if applicable): _____
Date Request Fulfilled: _____